

Grant Approval Form

Agency Name:		STARS Agency Code:	
Contact Person:		Phone Number:	
Type of Grant: <input type="checkbox"/> New <input type="checkbox"/> Renewal			
Title of Grant:		Federal CFDA:	
Brief Description and Long-Term Impact:			
Grant Due Date:			
Start Date:		Completion Date:	
Federal:		Other Sources Description:	
State:			
Local:			
Other Sources:			
Total			
Number of FTP:			
<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">(DFM's Use Only)</div> <div style="height: 150px; vertical-align: top;">DFM Analyst Comments:</div>			
Date Received:		Internal Grant No.	
DFM Analyst:		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Date:	
Budget Bureau Chief or Administrator		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Date:	

Please return to: Division of Financial Management, Statehouse Room 122
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E-Mail: info@dfm.idaho.gov
FAX: 208-334-2438